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August 16, 2004

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**GROUP: 1637**

**FAX NUMBER: 1-703-872-9307**

**ATTORNEY DOCKET NO.: DEX-0241**

**SERIAL NO.: 10/002,344**

**FILED: October 25, 2001**

**CUSTOMER NO.: 32800**

**CONFIRMATION NO.: 4974**

**NUMBER OF PAGES: 12**  
(including this sheet)

**MESSAGE:** Attached is an Amendment Transmittal Letter (in duplicate) and  
Amendment in response to Final Rejection dated May 14, 2004.

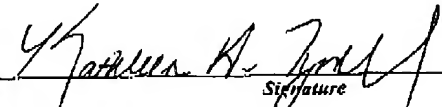
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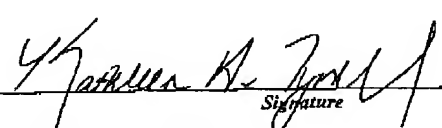
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>DEX-0241</b>	
Applicant(s): <b>Recipon et al.</b>					
Application No. <b>10/002,344</b>	Filing Date <b>October 25, 2001</b>	Examiner <b>Kenneth R. Horlick</b>	Customer No. <b>32800</b>	Group Art Unit <b>1637</b>	Confirmation No. <b>4974</b>
Invention: <b>COMPOSITIONS AND METHODS RELATING TO LUNG SPECIFIC GENES AND PROTEINS</b>					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="margin-top: 20px;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div>					
<div style="text-align: center;"> _____ Signature</div> <div>Kathleen A. Tyrrell Reg. No. 38,350 Licata &amp; Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454</div>			Dated: <b>August 16, 2004</b>		
cc:			<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="text-align: center; margin-top: 10px;">_____ Signature of Person Mailing Correspondence</div> <div style="text-align: center; margin-top: 10px;">_____ Typed or Printed Name of Person Mailing Correspondence</div>		

P11LARGE/REV07

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DEX-0241	
Applicant(s): Recipon et al.					
Application No. 10/002,344	Filing Date October 25, 2001	Examiner Kenneth R. Hortick	Customer No. 32800	Group Art Unit 1637	Confirmation No. 4974
Invention: COMPOSITIONS AND METHODS RELATING TO LUNG SPECIFIC GENES AND PROTEINS					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
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TOTAL CLAIMS	8 -	20 =	0 x	\$18.00	\$0.00
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: August 16, 2004		
Kathleen A. Tyrrell Reg. No. 38,350 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div>Signature of Person Mailing Correspondence</div> <div>Typed or Printed Name of Person Mailing Correspondence</div>		
cc:					



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RESPONSE UNDER 37 CFR 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 1637

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: DEX-0241  
Inventors: Recipon et al.  
Serial No.: 10/002,344  
Filing Date: October 25, 2001  
Examiner: Horlick, Kenneth R.  
Group Art Unit: 1637  
Title: Compositions and Methods Relating to  
Lung Specific Genes and Proteins

## Certificate of Facsimile Transmission

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On August 16, 2004

  
Kathleen A. Tyrrell, Registration No. 38,350

Mail Stop  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Reply under 37 C.F.R. §1.116

This is a reply to the Office Action mailed May 14, 2004  
setting a three (3) month statutory period for response. Please  
enter the following amendments and remarks into the record.

Amendments to the claims are reflected in the listing of  
claims which begins on page 3 of this paper.

Attorney Docket No.: DEX-0241  
Inventors: Recipon et al.  
Serial No.: 10/002,344  
Filing Date: October 25, 2001  
Page 2

Remarks begin on page 6 of this paper.